ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. 25 Registered
1. PLACE OF BIRTH STANDARD GERTIFICATE OF BIRTH State State Or Village City No (If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child To be answered ONLY in cvent of plural births. 5. No., in order of birth S. FATHER Full name O. Residence (Usual place of abode) If non-resident, give place and state. 15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or race 17. Age at last birthday (Years) 18. Birthplace (city or place) State No State No (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 7. Date 7. Date 7. Date 7. Date 7. Date 7. Date 9. MOTHER Full madden name 14. MOTHER Full made name 15. Residence (Usual place of abode) 16. Color or race 17. Age at last birthday (Years) 18. Birthplace (city or place)
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3. Sex of Child To be answered ONLY in event of plural births. 8. FATHER Full name O. Residence (Usual place of abode) If non-resident, give place and state. O. Color or race 11. Age at last birthday. 12. Birthplace (city or place) 14. Twin, triplet or other of the country of birth of birth Month Day Year 14. MOTHER Full maiden name Houling Van Alstyne 15. Residence (Usual place of abode) 16. Color or race 16. Color or race 17. Age at last birthday (Years) 18. Birthplace (city or place)
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(State or country) (State or country)
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13. Occupation (0) 19. Occupation
Nature of industry
20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead of thalmia neonatorum? (c) Stillborn
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . 21 H.m. on the date above stated
(Born alive or stillborn.)
or midwife, then the father, householder, oignature
child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife).
a supplemental report. Address Llaw amount
Month, day, year
Registrar Filed 5 , 1927 S.E. Waghtham Registrar
632-211-855

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